

EMERGENCY HOUSING ASSISTANCE PROGRAM
SELF-CERTIFICATION FOR CONTINUED ASSISTANCE

Date: _____

Recipient Name: _____

Address: _____
Street City, State Zip Code

Phone Number: _____ E-Mail Address: _____

I, _____, hereby certify that my household continues to lack sufficient resources to pay rent because of the COVID-19 emergency. Ongoing rental assistance is needed for my household and no additional funding sources are available. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of housing assistance.

Signature of Recipient

Date

Signature of other adult household member

Date

Signature of other adult household member

Date